

Form CPF M 102: Campaign Finance Report CAM CLEAR THE STICE

Municipal Form

2018 APR - 7 PM 9: 39

Office of Campaign and Political Finance

f Massachusetts File with: City or Toy	n Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Ending Date:	1/18
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end re	port dissolution
Candidate Full Name (if applicable) HRL. BOARCLOF SELECTMEN Office Sought and District ARL MA 02474 Residential Address E-mail: 9 ree extor acor, com Phone # (optional): (617) 759-2200 Committee To Reflect ARL MA 02474 Before To Reflect Committee To Reflect ARL MA 02474 Committee Mailing Ad E-mail: 9 ree ley to a part Phone # (optional): (781) 645-16	iGTWMA 02474 Idress
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	Ö
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete sta activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period a activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature)	atement of all campaign finance and represents the campaign Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ete statement of all campaign finance have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report is campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of Signed under the penalties of perjury: (Candidate's signature)	ete statement of all campaign ing period and represents the f M.G.L. c. 55. Date: 4118

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Occupation & Employer Name and Residential Address (for contributions of \$200 or more) Amount (alphabetical listing required) **Date Received** Line 9: Total Receipts over \$50 (or listed above) Line 10: Total Receipts \$50 and under* (not listed above) Line 11: TOTAL RECEIPTS IN THE PERIOD Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabetical listing required)	Amount	(10.000)
			J
Line 9: Total Re	ceipts over \$50 (or listed above)		
			1
	eceipts \$50 and under* (not listed above)		+
Line 11: TOTA	L RECEIPTS IN THE PERIOD	0	Enter on page 1, line 2 uld include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above

SCHEDULE B: EXPENDITURES

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M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	ittee name and a page number on	each page.)	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	(uipiniseileil listing)	11441 655	Turpose of Experientare	7 mount
			and the same of th	
		Line 12: Total Expenditures ov	rer \$50 (or listed above)	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1.12-4194				
		Line 12: Expenditures ov	ver \$50 (or listed above)	
			0 and under* (not listed above)	
	Enter on page 1, line 4	→ Line 14: TOTAL EXPE	NDITURES IN THE PERIOD ne 13 should include only those expending	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributio	ns over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
]		
		Line 18: TOTAL OUTSTAN		